

# **The ILO's role in digitally-enabled health and social systems**

Clarifying the interactions between digital technologies, social protection and human rights

## Written by:

Akarsh Venkatasubramanian

Technical Officer, Equality and Non-Discrimination

International Labour Organization (HQ)

Geneva, Switzerland

This brief is designed as foundational guidance for the ILO and its partners (tripartite and multilateral) to accelerate progress towards the Sustainable Development Goals by enabling equitable and inclusive digital transformation of health and social systems worldwide. The ILO envisions this working document's development into a dedicated strategy on digitalization across all ILO departments, which would support recommendations from the Report of the UN Secretary-General's High Level Panel on Digital Cooperation, WHO's Global Strategy on Digital Health 2020-2025, WHO's Classification of Digital Health Interventions, PATH and Digital Square's Global Goods Guidebook, the Principles for Digital Development stewarded by the Digital Impact Alliance, and other guiding literature.<sup>1,2,3,4,5</sup>

This brief:

- I. Lays a background for why digital innovation is important today
- II. Conceptualises the need for digital innovation
- III. Highlights the importance of equality and non-discrimination
- IV. Explores a case study on HIV/AIDS in this regard
- V. Presents a set of specific technology-based innovations to understand the interactions between digital technologies, social protection and human rights; and
- VI. Proposes four recommendations to the ILO to integrate digitalization with and into our existing planning, tracking, implementation, monitoring and evaluation activities.

## **I. Background**

The International Labour Organization estimates 4 billion people worldwide are left without social protection as of 2021.<sup>6</sup> This global shortage contributes directly to the 45 million annual deaths worldwide from communicable and non-communicable diseases, as estimated by the World Health Organization.<sup>7</sup> To equitably expand social health protection and alleviate this global disease burden, Heads of State at the United Nations General Assembly in September 2015 adopted the 2030 Agenda for Sustainable Development, consisting of 17 Sustainable Development Goals (SDGs) and associated 169 targets.<sup>8</sup> Four years

later in September 2019 at the UNGA again, Heads of State adopted the Political Declaration on Universal Health Coverage (UHC).<sup>9</sup> The Declaration — which is founded upon the Constitutions of the ILO and the WHO, as well as the right to health — reiterates the United Nations targets of expanding access to essential health services to at least 3 billion additional people by 2030.<sup>10,11,12</sup>

**However, governments are off track to meet their SDG and UHC commitments. On current trends up to 5 billion people worldwide will still not have access to essential social health services by 2030.**<sup>13</sup> Achieving the SDGs requires strong political commitment, sustainable financing models and importantly, equitable and meaningful reengineering of existing global health and social systems.

## **II. The need for innovation**

While the world was already not on track in 2019 to achieve the SDGs by 2030, the COVID-19 pandemic further decelerates progress. However, we are in the middle of a global era of technological advancement that some commentators have referred to as the Fourth Industrial Revolution.<sup>13</sup> Global COVID-19 responses have leveraged this revolution and have been supported by technologies such as digital contact tracing tools, epidemiological disease transmission models, and now digital vaccination passports.<sup>14,15</sup>

These and other digital technologies evidence the capability of big data and artificial intelligence to achieve even broader social protection objectives. For example, dynamic technology development and implementation may ease and speed up cash transfers to vulnerable populations such as the LGBTIAQ+ community, or connect people to health systems directly through telemedicine. 'Smart' information management systems such as employment registries and DHIS2 support integration (and interoperability) of data from different systems to achieve social policy objectives.<sup>4</sup> Thus -- **when utilised responsibly, digital health technologies and high-quality data can accelerate social protection and health equity (even beyond COVID-19) by making social and health systems stronger, more effective, and more responsive to the needs of the populations they serve.**

However, while it is clear that technology innovation can positively support efforts to attain the Sustainable Development Goals by 2030, there exist several ethical issues that must be addressed to support governments, employers and workers alike. Here lies the ILO's competence, expertise, role and innovation mandate.

### III. The importance of equality and non-discrimination

Digital technologies depend fundamentally on data: personal (such as sex, income) and non-personal (such as community data), health (such as age, heart rate) and non-health (such as rainfall in an area with high disease burden). Such **data is critical for inclusive policy making but could be misused as weapons of discrimination against specific communities and vulnerable populations.**

For instance, data *misuse* may enable targeted discrimination against vulnerable groups such as women, youth, transgender people and stigmatised populations. In addition, incomplete data collection and analysis can generate *missing* chunks of data, and deliberate or inadvertent ignoring of available data highlights *missed* data. Marginalised communities may be further discriminated against as a result of these bad practices.<sup>16</sup> The ILO must stand technically and politically ready to prevent this.

Further, **there exists today a clear digital divide.**<sup>17</sup> Poor, adolescent, and elderly populations typically have less access to mobile phones, internet connectivities and other digital tools. The Global System for Mobile Communications Association estimates only about five billion owners of mobile phones worldwide (meaning about three billion are not). Just over 50% of these have internet access, including a mere half of Latin America's population and a quarter of sub-Saharan Africa's population. Vulnerable communities often have family mobile phones owned by a breadwinner and used by all family members.<sup>18</sup> Further, digital literacy is often restricted to the technologically privileged and experienced; digital tools are often not easy to use for the inexperienced.

Lack of access to reliable data can also cause discrimination by presenting misleading and inaccurate information for dissemination and analysis. That further widens existing inequalities and results in poorly informed decisions that ultimately undermine the right to health, as well as the rights to life, privacy and social benefits and protections; as highlighted by the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights.<sup>19,20</sup>

In this light, the Special Rapporteur of the Office of the High Commissioner for Human Rights presented a thematic report on digital technology, social protection and human rights at the United Nations General Assembly in 2019, acknowledging the “irresistible attractions for Governments to increase their

reliance on digital technologies". The report recommended Governments to focus on how "welfare budgets could be transformed through technology to ensure a higher standard of living for the vulnerable and disadvantaged".<sup>21</sup>

This directly falls into the ambit of the ILO. **The ILO must be technically equipped to address the capability of technologies to amplify and accelerate social protection targets such as schemes, transfers, insurance and legislation.** Equally, a human-rights-centric evaluation approach is crucial to prevent both digital discrimination (discrimination on online platforms) and digitally-enabled discrimination (discrimination using information on online platforms).

The ILO's recent publication on the role of digital labour platforms in transforming the world of work and the 2020 ITC-ILO training module on emerging technologies in social protection clarify the ILO's role with regards to digital technologies, social protection and human rights.<sup>22,23</sup> Several other initiatives such as the [the ILO-ITU Digital Skills for Jobs Campaign](#), the [Digital Toolkit for Quality Apprenticeship](#), a webinar on the [future of digital economy](#), publications on [inclusive digital economies for those with disabilities](#), [digital channels for public employment](#) and the upcoming [Digital Inclusion Summit, Leaving No One Behind](#) strengthen the ILO's activities. When systematised, collaborative and aligned, their effectiveness and capacity to achieve impact increases.<sup>24,25,26,27,28,29</sup>

#### **IV. A case study on the role of digitalization in HIV/AIDS**

Our role may further be clarified through a brief case study on HIV/AIDS, one of the leading causes of deaths for the last 50 years and among the world's most devastating epidemics.<sup>30</sup> The ILO's contributions to UNAIDS' Fast-Track strategy to end the AIDS epidemic by 2030 are implemented by our Gender, Equality, Diversity and Inclusion Branch, of the Conditions of Work and Equality Department.<sup>31</sup>

SDG3 cannot be attained without ending the AIDS epidemic, and hence key populations affected by HIV/AIDS (sex workers, men who have sex with men, trans people, prison inmates and injecting drug users) and PLHIVs must be prioritised. It is part of ILO's mandate and global responsibility to ensure impactful policies and strategic overarching governance to enable achieving these goals, and progress towards ending AIDS as a global health threat by 2030.

While the world has made remarkable progress in reducing global mortality and morbidity caused due to HIV/AIDS, we are still far away from reaching the global 95-95-95 goals by 2025 or ending the AIDS epidemic by 2030.<sup>32</sup> The need for impactful and responsible technological innovation is clear.<sup>33</sup>

To address this, several calls, convenings and challenges such as UNAIDS' Health Innovation Exchange and the UN's HIV Innovation Challenge have highlighted many situationally relevant, scalable and sustainable innovations (unfortunately however, often too underfunded to enable implementation or scale-up).<sup>34,35</sup>

Several such technological innovations usable for the HIV/AIDS response may be correlated with the ILO's six strategic focus areas on HIV/AIDS: HIV testing and counseling, decent work, key populations, gender, policies, and social protection.

In terms of HIV testing and counseling, test kit distribution/management through web-based tools or online counseling are technological innovations. An example of innovation to advance the decent work agenda is de-stigmatised employment registries for transgender populations that also include skill development training programs. Key populations for HIV include transgender people, as well as sex workers, men who have sex with men, prison inmates, injecting drug users and PLHIVs: the above example applies. Confidential online counseling for young women in abusive households and environments, or digital education programmes are examples of digital innovation applicable to gender and to adolescent girls and young women. National regulation to enable prioritisation and implementation for electronic medical records respectful of PLHIV data is an example of digital policy. Social protection examples are many and varied: one may be online tracking of cash transfers to key populations.

## **V. Examples of innovations that clarify the specific interactions between digital technologies, social protection and human rights**

Below are specific examples of technology-based innovations, categorised by the ILO's different strategic focus areas on HIV/AIDS. However, many of these innovations are relevant not just to HIV/AIDS, but to all entire ILO activities as well as our tripartite and multilateral partners. The innovations are potential or existent; if existent, they may be scalable.

Strategic focus area	Innovation example
HIV testing and counseling	<ul style="list-style-type: none"> <li>- Web-based / <a href="#">mobile-based test kit management</a></li> <li>- Scale up of self testing and <a href="#">online self monitoring</a> of key health indicators</li> <li>- Connecting and organisation of <a href="#">counseling groups</a> (location based if necessary)</li> <li>- Management of testing clinics (and free as possible to reduce out of pocket payments)</li> </ul>
Decent work	<ul style="list-style-type: none"> <li>- <a href="#">Online training tools</a> to build skills</li> <li>- <a href="#">Electronic employment registries</a> (de-stigmatised, anonymised as necessary: with clear regulation on who can access the data)</li> <li>- <a href="#">Web-based societal integration tools for migrant workers</a></li> <li>- Access to dedicated, verified and certified <a href="#">employment platforms for key populations</a> (example of trans people in Indonesia)</li> </ul>
Key populations	<ul style="list-style-type: none"> <li>- Client communication: <a href="#">targeted messaging</a> (avoid loss to follow up, diagnostics results etc)</li> <li>- Online collecting and organising health system/service feedback</li> <li>- <a href="#">Telemedicine</a>: reduce stigma of not physically going to clinics</li> <li>- <a href="#">Unified registries + CRVS</a> (civil registration and vital statistics): integrate key pops as appropriate</li> </ul>
Gender + AGYW	<ul style="list-style-type: none"> <li>- Dedicated and targeted <a href="#">online training modules for women</a> entrepreneurs (potential and active)</li> <li>- <a href="#">Confidential counseling</a> for young women in abusive households and environments: prioritise mental health</li> <li>- Confidential <a href="#">mapping of sex worker hotspots</a> and online management of test kit/condom distribution</li> <li>- <a href="#">Digital education</a> to complement schools or replace when they are inaccessible</li> </ul>
Policies/governance	<ul style="list-style-type: none"> <li>- Prioritisation, implementation and political will for <a href="#">electronic medical records</a></li> </ul>

	<ul style="list-style-type: none"> <li>- Usage of <a href="#">GIS (geographical information systems)</a> tools to understand which key populations are how far from health systems, employers etc</li> <li>- Interoperability of digital tools and data exchange to ensure data of key populations and PLHIVs are confidential, private, anonymised, safe and owned by the individual (and not Govt or private sector)</li> <li>- Emergency support coordination for PLHIVs, key populations and the disabled: during COVID these were disproportionately affected</li> <li>- <a href="#">Online training to policymakers, health providers and CHWs</a> (community health workers)</li> <li>- <a href="#">Disaggregated primary data collection</a></li> </ul>
Social protection (most innovation examples in above areas also apply to social protection)	<ul style="list-style-type: none"> <li>- <a href="#">Online management of cash vouchers and transfers</a>; track incentives</li> <li>- <a href="#">Online regulation</a>, differentiation between and follow-up of conditional and unconditional transfers</li> <li>- Technology-based communication for development: maintaining accountability to affected populations (as in social audits)</li> <li>- Register, verify and <a href="#">track social insurance schemes</a></li> </ul>

## VI. Recommendations

### 1. ILO's Global Strategy on Digitalization

Firstly, as mentioned above the ILO has conceptualised and implemented different specific technology innovation outputs including reports, publications, webinars, campaigns and training modules; but they are not always aligned and collaborative with each other.<sup>22,23,24,25,26,27,28,29</sup>

Secondly, there is also currently no unified repository of all of the ILO's activities or plans on digitalization; such a resource would help internal alignment, collaboration with partners and support country programmes. Thirdly, there are specific innovative tools and programmes implemented in different countries, which are evident from our country reports; but they are often staggered and isolated, and not scaled up. Fourthly, as the ITC-ILO training on emerging technologies in social protection rightly

notes, many new technologies such as big data, artificial intelligence, digital technologies, Internet of Things, blockchain and others will influence the long-term future of work, health and social protection may be digital.<sup>23</sup>

For these four reasons and to promote systematic, impactful technological innovation across all our programmes, **this brief recommends the formulation of a Global Strategy on Digitalization for the ILO.**

Such a strategy may be guided by, modeled from and finalised in partnership with the Report of the UNSG's High Level Panel on Digital Cooperation, the WHO's Global Strategy on Digital Health, the UNDP Digital Strategy and others.<sup>1,2,36</sup>

Additionally, technology and data governance has never been more pivotal than it is in this digital age. In light of the COVID-19 pandemic, there is an urgent and clear need for an overarching global health data governance framework (such as the International Health Regulations) that addresses key practical questions around benefit sharing and burden sharing of programmes, innovation and data -- relevant not just to health but to social protection as well.<sup>37</sup>

Data often undergoes several journeys in its life cycle: collection, storage, use, analysis, dissemination and disposal. The global health community currently lacks national and community-level policies, benchmarks, standards, guidelines and regulations to effectively manage data during these trajectories. These are necessary to prevent the misuse of health data, reduce missed use of data and to address gaps around missing data.

An ILO Global Strategy on Digitalization must not only align and clarify the ILO's role in global digitalization and innovation but also position the ILO in the conversation for a global data governance framework.

## **2. *Promote a human-centred strategy and approach to digitalization: country studies***

The ongoing 'technology revolution' adds an extra dimension to our human existence: being human now includes being a set of data points.<sup>38</sup> This presents the immediate requirement of a human-centred and



rights-based approach to guide digital innovation; such as the social protection floors approach specialised by the ILO.

In part through this approach, the ILO is one of the UN agencies with the largest and most effective country presence. It is evident from ILO publications and country reports that our country teams and their tripartite partners have been successful with equitably and inclusively implemented different technological innovations, that directly reaches vulnerable communities and populations. **A set of good practices on digital initiatives employed by countries, with a focus on the interactions between digital technologies, social protection and human rights and how this affects individuals would further the ILO's overarching objective of social justice.**

In line with the ILO's strategic objectives and focus areas, such a targeted country study could help to:

- a. Identify and mobilise innovation on the ILO's cross-cutting objectives, including the global HIV/AIDS goals
- b. Create a framework and standards for the future of decent work (digital) and ensure effective governance to make it inclusive for all
- c. Support efforts to reach the SDGs and UHC, in order to leave no one behind

### **3. Enable collaborative learning: consultations**

*Outputs: policy briefs highlighting possibilities of mutually beneficial collaboration to inclusive and equitably deploy digital technologies to leave no one behind*

The social protection floors approach is crucial to understanding the fundamental interactions between digital technologies, social protection and human rights, and how these affect individuals. But it is also one of the ILO's flagship contributions to the international community and to the UN partners. When implemented in a relevant and effective way, the social protection floors approach may be the ILO's contribution to the UN in terms of digital innovation.

Clarity on our partners' activities is crucial in order to enable inclusive, equitable and meaningful collaborations with UN partner agencies. Effective discussions with the different stakeholders involved in digitalization for the SDGs will help the ILO cement strong, sustainable partnerships to achieve maximum impact with our programmes.

**This brief recommends four sets of phased action-oriented and results-focused consultations** with:

- A. Other UN partners, especially the ones with strong and systematic activities on digitalization (such as WHO, UNICEF, UNDP, UNAIDS, the World Bank and others)
- B. Global organisations work actively on digital innovation: such as PATH, FIND, OECD, The Global Fund, GAVI to name a few.
- C. Communities of practices such as global coalitions, collaboratives, commissions and consortia tasked to clarify the role of digital technologies for the SDGs: for example, the [UN Secretary-General's High Level Panel and Roadmap for Digital Cooperation](#), the [Digital Public Goods Alliance](#), the [Health Data Collaborative](#), [Transform Health](#), the [International Digital Health and Artificial Intelligence Research Collaborative \(I-DAIR\)](#), [The Lancet and Financial Times Commission](#) on Governing Health Futures, [3-D Commission](#), [Broadband Commission](#), [The GRAPH Network](#), [Global Partnership for Sustainable Development Data](#) and others to explore meaningful participation and federated learning
- D. Six separate stakeholder groups not otherwise represented above: Governments, private sector for-profits, civil society, international organisations, research institutes and foundations.

#### **4. Expanding ILO's social protection floors approach to accommodate HIV/AIDS**

The ILO defines social protection floors as '*nationally defined sets of basic social security guarantees that should ensure, as a minimum that, over the life cycle, all in need have access to essential health care and to basic income security which together secure effective access to goods and services defined as necessary at the national level*'. In line with the [Social Protection Floors Recommendation, 2012 \(No. 202\)](#) and the basic national social security guarantees fundamentally necessitated by social protection floors, HIV must be integrated into ILO programs and universal social protection schemes across the life cycle.

While this is indeed one of ILO's key specialised contributions to partnerships with UNAIDS Cosponsors, HIV programs guided by the social protection floors approach must in turn address multidimensional

vulnerabilities across key populations including women, youth, the elderly, workers, LGBTQIA+ groups and the disabled. The approach also enriches global policy and national HIV programs, by enabling HIV sensitive social protection and strategic programs on prevention, control and treatment.

Potential outputs:

- An ILO study on what specifically the social protection floors approach offers to HIV/AIDS, followed by a guidance note on strategies for countries to expand the approach to national HIV/AIDS programs. In light of the COVID-19 pandemic, this study may also recommend a set of guidelines on HIV-inclusive social protection response during COVID-19 to address the needs of key populations (in line with [this resource from ILO's Social Protection Platform](#)).
- A guiding 'good practices' document with scalable, impactful country intervention examples for country programs to mutually teach, learn and implement. Such a document may further enable a sustainable framework of information sharing and evidence management of key qualitative and quantitative information. This could additionally inform standards setting publications with clear recommendations for countries to integrate HIV programs with social protection

Conclusion:

Technologies and digitalization of health and social systems must be seen as a means to an end (which is achieving the SDGs) and not an end itself. Achieving the SDGs, especially SDG3 and SDG8 which are central to the ILO's objectives, requires meaningful impact-oriented cross-sector collaboration in the areas of gender, social protection, and decent work.

Further, the world needs technological innovation to reach the SDGs by 2030. But innovation comes with multidimensional risks: technological, ethical, legal and political. The ILO must be prepared to address these four categories of risks. That requires the ILO to know the positive potential of innovation, and the solutions to the potential problems innovation may cause. Identifying and implementing innovation in equitable, inclusive and responsible approaches can enable the ILO to accelerate progress towards the SDGs, and ensure we leave no one behind.



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